

Fill in this information to identify your case:

Debtor 1	Stephen F Decker		
	First Name	Middle Name	Last Name
Debtor 2	Andrea Decker		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	19-24855		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Creditor's Name	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Toyota Financial Services	2016 Lexus RX 350	\$27,548.00	\$31,000.00	\$0.00
	Attn: Bankruptcy Dept Po Box 8026 Cedar Rapids, IA 52409	Number, Street, City, State & Zip Code			

Who owes the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim relates to a community debt

Opened
12/18 Last
Active

Date debt was incurred 6/07/19 Last 4 digits of account number 0001

Debtor 1	Stephen F Decker			Case number (if known)	19-24855
	First Name	Middle Name	Last Name		
Debtor 2	Andrea Decker				
	First Name	Middle Name	Last Name		

2.2	Toyota Financial Services Creditor's Name	Describe the property that secures the claim: Co-signed vehicle.	\$3,984.00	\$0.00	\$3,984.00
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**PO Box 4102
Carol Stream, IL 60197**
Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) _____

**Opened
04/18 Last
Active
6/19/19**
Date debt was incurred

Last 4 digits of account number **T068**

2.3	Toyota Financial Services Creditor's Name	Describe the property that secures the claim: 2017 Toyota Camry Vehicle is leased.	\$342.00	\$0.00	\$342.00
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**PO Box 8026
Cedar Rapids, IA 52409**
Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) _____

**Opened
08/16 Last
Active
6/27/19**
Date debt was incurred

Last 4 digits of account number **N901**

Debtor 1 **Stephen F Decker**

Case number (if known)

19-24855

First Name Middle Name Last Name

Debtor 2 **Andrea Decker**

First Name Middle Name Last Name

2.4 Wells Fargo Home Mor

Creditor's Name
**Attn: Written
Correspondence/Bankru
ptcy
Mac#2302-04e Pob 10335
Des Moines, IA 50306**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**168 Laurel Court Secaucus, NJ
07094 Hudson County**

\$343,985.00

\$635,000.00

\$0.00

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)

Statutory lien (such as tax lien, mechanic's lien)

Judgment lien from a lawsuit

Other (including a right to offset) _____

Who owes the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim relates to a community debt

**Opened
02/11 Last
Active**

Date debt was incurred

5/31/19

Last 4 digits of account number

2164

Add the dollar value of your entries in Column A on this page. Write that number here:

\$375,859.00

If this is the last page of your form, add the dollar value totals from all pages.

\$375,859.00

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	Stephen F Decker		
	First Name	Middle Name	Last Name
Debtor 2	Andrea Decker		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	19-24855		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101 Number Street City State Zip Code	Last 4 digits of account number	\$35,000.00	\$35,000.00
Who incurred the debt? Check one.	When was the debt incurred?	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		Type of PRIORITY unsecured claim:	
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Domestic support obligations	
Is the claim subject to offset?		<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government	
<input checked="" type="checkbox"/> No		<input type="checkbox"/> Claims for death or personal injury while you were intoxicated	
<input type="checkbox"/> Yes		<input type="checkbox"/> Other. Specify _____	

Debtor 1 **Stephen F Decker**
Debtor 2 **Andrea Decker**

Case number (if known)

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2.2	New Jersey Division of Taxation Priority Creditor's Name Compliance & Enforcement - Bankruptcy 50 Barrack St., 9th Fl. PO Box 245 Trenton, NJ 08695 Number Street City State Zip Code	Last 4 digits of account number	\$300.00	\$300.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt <input type="checkbox"/>					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
2.3	New York Dept. of Labor Priority Creditor's Name Unemployment Insurance Division PO Box 15122 Albany, NY 12212 Number Street City State Zip Code	Last 4 digits of account number	Unknown	Unknown	Unknown
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt <input type="checkbox"/>					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
2.4	New York State Dept. Priority Creditor's Name of Tax & Finance Bankruptcy Section PO Box 5300 Albany, NY 12205 Number Street City State Zip Code	Last 4 digits of account number	\$800.00	\$800.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt <input type="checkbox"/>					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

Debtor 1 **Stephen F Decker**
Debtor 2 **Andrea Decker**

Case number (if known)

19-24855 No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes.

- 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	Amex Nonpriority Creditor's Name Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Credit Card <input type="checkbox"/> Yes	Last 4 digits of account number 9893 Opened 10/08 Last Active 6/11/13 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	\$2,424.00
4.2	Bank Of America Nonpriority Creditor's Name 4909 Savarese Circle Fl1-908-01-50 Tampa, FL 33634 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Credit Card <input type="checkbox"/> Yes	Last 4 digits of account number 5720 Opened 07/94 Last Active 6/14/19 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	\$17,999.00

Debtor 1 **Stephen F Decker**
 Debtor 2 **Andrea Decker**

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4.3

Capital One

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

0892**\$3,363.00**When was the debt incurred?
Opened 08/04 Last Active 6/03/19

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Credit Card**

4.4

Capital One Na

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

9348**\$9,904.00**When was the debt incurred?
Opened 07/95 Last Active 4/12/19

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Credit Card**

4.5

Center for Infectious Disease

Nonpriority Creditor's Name

**20 Prospect Ave.
Hackensack, NJ 07601**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

\$800.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify

Debtor 1 **Stephen F Decker**
 Debtor 2 **Andrea Decker**

Case number (if known)

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4.6	Chase Card Services Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850 <small>Number Street City State Zip Code</small>	<small>Last 4 digits of account number</small> 8229 <small>When was the debt incurred?</small> Opened 08/07 Last Active 4/19/19 <small>As of the date you file, the claim is:</small> Check all that apply	\$15,036.00
<small>Who incurred the debt? Check one.</small>			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<small>Is the claim subject to offset?</small>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Credit Card <input type="checkbox"/> Yes			
<hr/>			
4.7	Chase Card Services Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850 <small>Number Street City State Zip Code</small>	<small>Last 4 digits of account number</small> 8066 <small>When was the debt incurred?</small> Opened 06/08 Last Active 5/01/19 <small>As of the date you file, the claim is:</small> Check all that apply	\$10,187.00
<small>Who incurred the debt? Check one.</small>			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<small>Is the claim subject to offset?</small>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Credit Card <input type="checkbox"/> Yes			
<hr/>			
4.8	Citibank Nonpriority Creditor's Name Attn: Recovery/Centralized Bankruptcy Po Box 790034 St Louis, MO 63179 <small>Number Street City State Zip Code</small>	<small>Last 4 digits of account number</small> 1832 <small>When was the debt incurred?</small> Opened 08/95 Last Active 5/16/19 <small>As of the date you file, the claim is:</small> Check all that apply	\$14,189.00
<small>Who incurred the debt? Check one.</small>			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<small>Is the claim subject to offset?</small>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Credit Card <input type="checkbox"/> Yes			

Debtor 1 **Stephen F Decker**
 Debtor 2 **Andrea Decker**

Case number (if known)

19-24855

4.9

Citibank

Nonpriority Creditor's Name

**Attn: Recovery/Centralized
Bankruptcy
Po Box 790034
St Louis, MO 63179**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
 - No
 - Yes

Last 4 digits of account number

6222**\$10,584.00**

When was the debt incurred?

**Opened 03/09 Last Active
7/06/19**

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Credit Card**

4.1
0**Comenitycapital/lxvisa**

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 182125
Columbus, OH 43218**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
 - No
 - Yes

Last 4 digits of account number

5084**\$3,720.00**

When was the debt incurred?

**Opened 03/10 Last Active
6/14/19**

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Credit Card**

4.1
1**Credit One Bank**

Nonpriority Creditor's Name

**Attn: Bankruptcy Department
Po Box 98873
Las Vegas, NV 89193**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
 - No
 - Yes

Last 4 digits of account number

9959**\$2,014.00**

When was the debt incurred?

**Opened 12/14 Last Active
5/26/19**

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Credit Card**

Debtor 1 **Stephen F Decker**
Debtor 2 **Andrea Decker**

Case number (if known)

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4.1 2	<p>Department Store National Bank/Macy's Nonpriority Creditor's Name Attn: Bankruptcy 9111 Duke Boulevard Mason, OH 45040 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0729</p> <p>When was the debt incurred? Opened 12/09 Last Active 6/16/19</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Charge Account</p>	\$4,834.00
4.1 3	<p>Department Store National Bank/Macy's Nonpriority Creditor's Name Attn: Bankruptcy 9111 Duke Boulevard Mason, OH 45040 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2030</p> <p>When was the debt incurred? Opened 01/10 Last Active 8/10/15</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Charge Account</p>	Unknown
4.1 4	<p>Dsnb Bloomingdales Nonpriority Creditor's Name Attn: Recovery "Bk" Po Box 9111 Mason, OH 45040 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5498</p> <p>When was the debt incurred? Opened 05/16 Last Active 9/13/18</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Charge Account</p>	\$742.00

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4.1 5	First Electronic Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 521271 Salt Lake City, UT 84152 Number Street City State Zip Code	Last 4 digits of account number 9942	\$677.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? Opened 05/17 Last Active 5/24/19	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card		
4.1 6	Hackensack Radiology Nonpriority Creditor's Name 30 South Newman Street Hackensack, NJ 07601 Number Street City State Zip Code	Last 4 digits of account number	\$146.26
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bills		
4.1 7	Hackensack Radiology Nonpriority Creditor's Name 30 South Newman Street Hackensack, NJ 07601 Number Street City State Zip Code	Last 4 digits of account number	\$1,059.18
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bills		

Debtor 1 **Stephen F Decker**
Debtor 2 **Andrea Decker**

Case number (if known)

19-24855

4.1 8 Kohls/Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0737 When was the debt incurred? Opened 06/13 Last Active 6/19/19 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	\$2,664.00	
<hr/> 4.1 9 Navient Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9000 Wiles-Barr, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Last 4 digits of account number 1550 When was the debt incurred? Opened 09/15 Last Active 6/21/19 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	\$16,852.00
Educational			
4.2 0 Navient Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9000 Wiles-Barr, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Last 4 digits of account number 6063 When was the debt incurred? Opened 10/16 Last Active 6/21/19 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	\$15,180.00
Educational			

Debtor 1 **Stephen F Decker**
Debtor 2 **Andrea Decker**

Case number (if known)

19-248554.2
1**Navient**

Nonpriority Creditor's Name

Attn: Bankruptcy**Po Box 9000****Wiles-Barr, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

3884**\$13,737.00****Opened 09/17 Last Active**
5/17/19**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Educational4.2
2**Navient**

Nonpriority Creditor's Name

Attn: Bankruptcy**Po Box 9000****Wiles-Barr, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

0753**\$13,124.00****Opened 09/18 Last Active**
5/17/19**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Educational4.2
3**Syncb/care Credit Du**

Nonpriority Creditor's Name

Attn: Bankruptcy**Po Box 965060****Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

8193**\$5,194.00****Opened 06/18 Last Active**
5/23/19**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card** _____

Debtor 1 **Stephen F Decker**
Debtor 2 **Andrea Decker**

Case number (if known)

19-24855

4.2 4	Synchrony Bank/Lowes Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	Last 4 digits of account number 1678	\$570.00
		When was the debt incurred? Opened 04/13 Last Active 6/17/19	
		As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.2 5	Synchrony Bank/PC Richard Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	Last 4 digits of account number 9755	\$97.00
		When was the debt incurred? Opened 01/08 Last Active 12/17/17	
		As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
Michael Harrison,Esq.
3155 Route 10 East
Suite 214
Denville, NJ 07834

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

-
- Part 1: Creditors with Priority Unsecured Claims
-
-
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Michael Harrison,Esq.
3155 Route 10 East
Suite 214
Denville, NJ 07834

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

-
- Part 1: Creditors with Priority Unsecured Claims
-
-
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total Claim

Debtor 1 **Stephen F Decker**
Debtor 2 **Andrea Decker**Case number (if known) **19-24855****Total claims from Part 1**

6a. Domestic support obligations	6a. \$ 0.00
6b. Taxes and certain other debts you owe the government	6b. \$ 36,100.00
6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00

6e. Total Priority. Add lines 6a through 6d.	6e. \$ 36,100.00
--	-------------------------

Total claims from Part 2

6f. Student loans	6f. \$ 58,893.00
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 106,203.44
6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ 165,096.44

Amex
Correspondence/Bankruptcy
Po Box 981540
El Paso, TX 79998

Bank Of America
4909 Savarese Circle
F11-908-01-50
Tampa, FL 33634

Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

Capital One Na
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

Cara Decker
168 Laurel Court
Secaucus, NJ 07094

Center for Infectious Disease
20 Prospect Ave.
Hackensack, NJ 07601

Chase Card Services
Attn: Bankruptcy
Po Box 15298
Wilmington, DE 19850

Citibank
Attn: Recovery/Centralized Bankruptcy
Po Box 790034
St Louis, MO 63179

Comenitycapital/lxvisa
Attn: Bankruptcy
Po Box 182125
Columbus, OH 43218

Credit One Bank
Attn: Bankruptcy Department
Po Box 98873
Las Vegas, NV 89193

Department Store National Bank/Macy's
Attn: Bankruptcy
9111 Duke Boulevard
Mason, OH 45040

Dsnb Bloomingdales
Attn: Recovery "Bk"
Po Box 9111
Mason, OH 45040

First Electronic Bank
Attn: Bankruptcy
Po Box 521271
Salt Lake City, UT 84152

Hackensack Radiology
30 South Newman Street
Hackensack, NJ 07601

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101

Kohls/Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

Michael Harrison, Esq.
3155 Route 10 East
Suite 214
Denville, NJ 07834

Navient
Attn: Bankruptcy
Po Box 9000
Wiles-Barr, PA 18773

New Jersey Division of Taxation
Compliance & Enforcement - Bankruptcy
50 Barrack St., 9th Fl.
PO Box 245
Trenton, NJ 08695

New York Dept. of Labor
Unemployment Insurance Division
PO Box 15122
Albany, NY 12212

New York State Dept.
of Tax & Finance
Bankruptcy Section
PO Box 5300
Albany, NY 12205

Syncb/care Credit Du
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

Synchrony Bank/Lowes
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

Synchrony Bank/PC Richard
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

Toyota Financial Services
Attn: Bankruptcy Dept
Po Box 8026
Cedar Rapids, IA 52409

Toyota Financial Services
PO Box 4102
Carol Stream, IL 60197

Toyota Financial Services
PO Box 8026
Cedar Rapids, IA 52409

Wells Fargo Home Mor
Attn: Written Correspondence/Bankruptcy
Mac#2302-04e Pob 10335
Des Moines, IA 50306